

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Remeron (Mirtazapine)

Therapy:

Is indicated in the treatment of Depression

Inclusions:

- A) Failure of at least three formulary antidepressants
- B) Request needs to come from:
 - 1) **MLTC and MSSP/Geriatrix-**
 - A) **Adults-** GLTC Behavioral Provider
 - B) **Children-** Contracted Behavioral Provider
 - 2) **Health Select-** County Contracted Behavioral Provider

Exclusions:

Not indicated solely for use to treat insomnia, or for weight lost

Warnings:

- A) **Agranulocytosis-** severe neutropenia with or without associated infection
- B) **MAO Inhibitors-** should not be use in combination or within 14 days of initiating or discontinuing therapy with an MAOI
- C) Significant weight gain

Precautions:

- A) **Cholesterol/Triglycerides, Transaminase elevations-** increases noted.
- B) **Activation of Mania/Hypomania-** Care should be used in patients with a history of mania/hypomania
- C) **Renal/Hepatic impairment-** caution should be used
- D) **Pregnancy Category C**

Authorization:

- A) **MLTC-** three months initially and then one year with current behavioral note from GLTC (adults) or contracted behavioral provider (children)
- B) **MSSP-** three months initially and then to the end of the calendar year with current behavioral note from GLTC
- C) **Health Select-** three months initially and then to the end of the calendar year with current behavioral note from County behavioral provider

Medical Director _____

Date _____